

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)**

**APPLICANT'S**

**TRILING DATE**

5-22200

## CLAIMS

	AS FILED		AFTER REASSESSMENT		AFTER REASSESSMENT	
	WFO.	OCF.	WFO.	OCF.	WFO.	OCF.
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TOTAL WFO.						
TOTAL OCF.						
TOTAL						

	WNO.	DEF.	WNO.	DEF.	WNO.	DEF.
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